



# Summer Camp Parent Handbook 2020

## Camp Fun Spot Contacts

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## One Unforgettable Summer!

Our Staff is very excited and looking forward to another wonderful summer! This handbook contains Camp Fun Spot policies and procedures, which are important to you and your child. By signing the following, you agree that you have reviewed a copy of the School-Age Child Care requirements prepared by the New York State Office of Children & Family Services. You also agree to follow the policies, procedures, and practices placed before you within the Camp Fun Spot Parent Handbook.

**\*\*Registrations accepted Monday-Friday before 6:00pm only**

# WELCOME BACK TO CAMP FUN SPOT!

To ensure everyone's safety as we welcome you back, we have made some changes.

## OUR PROMISE TO YOU:

- We will continue to take part in constant, safe sanitation practices with non-toxic products to clean all surfaces and toys. Our staff and your children will concentrate on proper handwashing techniques.
- Each staff member as well as each child that enters our program will have their temperature taken. If anyone has a temperature over 100.4 they will be sent home.
- Only Camp Fun Spot staff and the children in our care will be allowed in the Camp Rooms. Drop-offs and pick-ups will now take place either outside by the picnic tables or at the Skate Counter if campers are inside.**
- At this time, the indoor playground is closed and will not be used by the children.
- Every staff member will be required to wear face coverings while interacting with children and families.

**\*\*OCFS does not require that children in Child Care programs wear face coverings. However, if a parent prefers that their child wear one, we will accommodate that. All campers will be required to wear face coverings during field trips.**

## YOUR PROMISE TO US:

- Wear a face covering when dropping off and picking up your child/children.
- Only drop off and pick up your child at the new designated areas- outside by the picnic tables, or at the Skate Counter.**
- If you and/or your child have been exposed to COVID-19 recently or have symptoms of COVID-19 (including a fever, cough, or shortness of breath) please help us keep everyone safe by informing us, and of course by staying home.

## EXTRA COMMENTS

- Our hours will remain the same, M-F 7:00am until 5:45pm.
- We are revising our list of Field Trips that we had planned to include only destinations that will allow us to remain segregated in our own groups. We are also focusing on activities that can come to The Fun Spot to entertain our campers on site.
- We will continue to use only our Camp Fun Spot bus and van for transportation purposes.



We are so happy to be reunited with your children! We respectfully ask that you do your part to keep everyone safe, healthy, and happy, and we will do the same.

## **Camp Fun Spot Summer Camp Tentative Field Trip Schedule 2020\*\***

**\*\*All campers are required to wear their Camp Fun Spot T-Shirts and a face covering on field trip days.**

**\*\*We are revising our list of Field Trips that we had planned to include only destinations that will allow us to remain segregated in our own groups. We will continue to use only our Camp Fun Spot bus and van for transportation purposes. We are also focusing on activities that can come to The Fun Spot to entertain us on site.**

## Camp Fun Spot Summer Camp Program Fees – June 29 thru September 4, 2020

**Invoices are NOT Provided:** An invoice will not be provided unless requested. Payments should be made in accordance with the program fees outlined below

**SUMMER CAMP – 7:00 am to 5:45 pm; Children Ages 5 to 12; Weekly Payment**  
**Monday thru Friday, 5 Days: First Child \$230.00 Additional Children \$207.00**



**Summer Camp Registration Fee:** \$15 per child includes Camp Fun Spot T-Shirt and Water Bottle. A \$25.00 non-refundable deposit for each week reserved is due with registration fee. \$205 balance due each week.

\*\*\* If you are signed up for Tuition Express automatic payments, the Registration Fee is waived!\*\*\*

**Second Child Rates:** First registered child is charged the higher fee. The additional child rate would apply for additional children in the same family.

### Camp Fun Spot Financial Policies:

1. **No Refunds or Credits Available**
2. **Payment Due Schedule:**  
You are required to pay for all weeks checked unless you notify us 2 weeks prior to the start of that week. All Payments are due by Friday of the week prior to the start of that week. A late fee of \$10.00 will be assessed on any account which is not paid in full by 5:45 pm on the due date. We also offer an automatic credit card or ACH payment option thru Tuition Express, our daycare software. You can provide us with your payment information and we will automatically charge your tuition on the payment due date for the camp week your child will be attending. Parents choosing to not use the automatic pay option will be charged a \$5.00 monthly fee. Invoices will not be provided unless requested.
3. **Please DO NOT send in payments with your child.**
4. Payments will be applied as follows: registration fee, late fees, past due balances, then current balances.
5. A non-refundable \$15.00 registration fee per child and a non-refundable \$25.00 deposit for each week reserved is due upon enrollment in the Camp Fun Spot Summer program. \$205 balance due each week.
6. **You will be charged each week according to the schedule you signed your child up for, whether or not your child is in attendance.**
7. Under no circumstances will Camp Fun Spot credit for absenteeism or cancellation of a child's enrollment in any of our programs. No refunds will be issued for campers who are suspended or expelled from the program.
8. **Returned Checks:** A \$35 fee will be assessed to your account. In the event that this situation occurs twice, cash or a money order will be required for payment for a three month period.
9. Accounts that are 2 weeks past due will result in suspension or termination from Camp Fun Spot without refund. If unusual circumstances prevent you from paying on time, please discuss the situation with the Director.
10. If outside assistance is required to collect any outstanding balances on your account, all costs incurred, including any and all attorney fees, collection fees, and/or court costs will be added to your account.
11. **Each child attending on Field Trip days must have a packed lunch (every Tues & Thurs). A \$5.00 lunch fee will be charged if Camp Fun Spot needs to provide a child with a lunch on Field Trip days.**

### Camp Fun Spot Late Fees:

Camp Fun Spot closes at 5:45 pm. There will be a late fee if your child is picked up after 5:45 p.m. This fee will be charged to your account. The following fees will apply: **\$10.00 after 5:45 pm, \$25.00 past 6:05pm**

### Camp Fun Spot Policies and Procedures

1. **Pickup & Drop Off:** All children must be picked up no later than 5:45 p.m. or a late fee will be charged (rates stated above). All children must be dropped off by 8:30am on field trip days. If we will be leaving earlier than 8:45 for a field trip, notification will be given in advance of the time.
2. **Child Absent from Camp Fun Spot:** Please remember that it is your responsibility if your son or daughter will be absent from Camp Fun Spot to **call and notify Camp Fun Spot on the morning of the day your child will be absent.**
3. **Sign In and Sign Out:** All children, upon arrival at Camp Fun Spot, must be signed in; and all children being picked up from Camp Fun Spot, at any time and under ALL circumstances, **must be** signed out by his or her parent/guardian or designated pickup person.
4. **Parental Visitation:** Parents and/or guardians of enrolled/attending children are permitted to view and observe their children at any time while being escorted by a staff member. We only allow observation by parents of enrolled/attending children.
5. **Designated Pickup Persons:** We will only release children to persons designated by parents on the child's registration form. Parents may also provide an additional list. An ID provided by the designated pickup person must be shown to a staff member at the desk before release of the child will be permitted.
6. **Responsible for Child:** Camp Fun Spot will not assume responsibility of any child until his/her actual arrival and sign-in at The Fun Spot.
7. **Snack:** A pre-paid snack card can be maintained for your child to purchase food during afternoon snack time. See the front office to open, add to, or close a snack account.
8. **Personal Property:** **All personal property must be labeled with child's first and last name.** Camp Fun Spot does not allow the use of cell phones, personal listening devices, personal game devices or pagers. The use of these items is disruptive to campers and camp

activities. Children can bring electronic devices on the bus for the field trips that are more than 30 minutes away. Camp Fun Spot is NOT responsible for lost, stolen or damaged items brought to camp.

9. **Each child is required to bring their own Spray On Sunscreen SPF 30 or greater** to be used by them while they are at camp and keep in their backpack.
10. **Lost and Found:** Clothing/items left at camp at the close of each business day will be placed in Lost and Found. It is the parent's responsibility to check this area daily. All items left at month's end will be donated to charity.
11. **Change in Personal Information:** Camp Fun Spot administrative personnel **must be notified immediately** when there are any changes in the following: home telephone, work phone, address, emergency contacts, etc.
12. **Parents Authorization:** I hereby grant permission for my child to be transported by Camp Fun Spot and contracted providers chosen by them to and from Camp Fun Spot. I also authorize Camp Fun Spot to transport my child at any time Camp Fun Spot chooses for daily excursions without notifying parent or guardian. Walking excursions are also permitted in and around the surrounding property/buildings of Camp Fun Spot and the Town of Queensbury.
13. **Parking lot Safety:** Please make sure you are turning your vehicle off when dropping off and picking up your child/children.
14. **Drills:**  
**Shelter in Place:** A response to an emergency that creates a situation in which it is safer to remain in the building rather than to evacuate. It is in response to situations where the children cannot be picked up and must remain on site past the regular operating hours. In the case of an actual emergency, if The Fun Spot is unsafe, our Primary Re-Location site is next door at the Northway Brewing Company. However for practice drills, done twice a year, we will remain at Camp Fun Spot.  
**Fire Drills:** We are required by NYS to conduct monthly fire drills. When we practice them, all children and staff immediately report to the back parking lot.
15. **Discipline Policy - Definition of a Behavioral Problem:**
  1. Any behavior by a child that is viewed or deemed unsafe to the well-being of himself/herself or any other person/child.
  2. The improper use of language or gestures directed to staff or other children.
  3. Damage or theft of camp property or the property of others.
  4. An overall disrespect to staff or other children.

#### **Methods of Guidance and Discipline Used Shall:**

1. Be positive. For example, Instead of saying, "Stop kicking the table!" Say, "Please keep your feet on the floor."
2. Be consistent with the age and developmental needs of the children.
3. Lead to the child's ability to develop and maintain self-control.

#### **Behavioral Disciplinary Actions**

1. Children may be removed from a group activity to another area, provided that the child removed is either under the direct supervision of another staff member or continuously visible to a staff member.
2. Verbal warning from Director.
3. Verbal warning from Director with a written notice for parent(s) to be signed.
4. Conference with Director.
5. Suspension or termination from Camp Fun Spot without refund.
6. Extreme or violent behavior resulting in an injury to another child or staff member may warrant immediate termination from our program without any previous warnings.
7. Camp Fun Spot retains the right to dismiss any student without prior written notice from or conference with the Director.
8. The center will not expel a child based solely on the child's parent making a complaint to the Bureau of Licensing regarding a center's alleged violations of the licensing regulations.
9. Staff members shall not use hitting, shaking or any other form of corporal punishment of children.
10. Staff members shall not use abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.
11. Staff members shall not engage in or inflict any form of child abuse and/or neglect.
12. Staff members shall not withhold food, emotional responses, stimulation, or the opportunities for rest or sleep from children.
13. Staff members shall not require a child to remain silent or inactive for an inappropriately long period of time for the child's age.

#### **Children's Code of Conduct** While at Camp Fun Spot, children are expected to abide by the following rules:

1. Quiet down when directed
2. Respect other children, staff, and property
3. Follow all staff directions
4. Stay with a staff member at all times
5. Adhere to all rules regarding safety
6. Refrain from using foul language or other forms of verbal abuse
7. No fighting or other physical altercation

**16. Policy On Release of Children:**

1. Each child may be released only to the parent(s) or person(s) authorized by the parent(s) to take the child from Camp Fun Spot and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.
2. If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, Camp Fun Spot will need to receive documentation to that effect, maintain a copy on file, and comply with the terms of the court order.
3. If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the center's daily closing, the center shall ensure that:
  - a) The child is supervised at all times.
  - b) Staff members will attempt to contact the parent(s) or person(s) authorized by the parent(s).
  - c) An hour or more after closing time, provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s) have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division of Youth and Family Service's 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.
  - d) If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that the child may not be released to such an impaired individual:
    - i. Staff members will attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
    - ii. If the center is unable to make alternative arrangements, a staff member shall call the Division of Youth and Family Service's 24-hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child.
  - e) For school-age childcare programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

**17. Policy on the Management of Communicable Diseases:** If a child exhibits any of the following symptoms, he/she should not attend camp. If such symptoms occur at camp, the child will be removed from the classroom/area, and you will be called to pick up your child:

Severe pain or discomfort	Skin rashes lasting longer than 24 hours	Yellow eyes or jaundice skin
Infected untreated skin patches	Oral temperature of 101.5° Fahrenheit	Stiff Neck
Acute Diarrhea	Swollen joints	Red eyes with discharge
Difficult or rapid breathing	Sore Throat or severe coughing	Blood in urine
Episodes of acute vomiting	Visibly enlarged lymph nodes	

Once the child is symptom free for 24 hours, or has a physician's note stating that he/she no longer poses a serious health risk to themselves or others, he/she may return to school/camp.

**Excludable Communicable Diseases:** If a child contracts any of the following diseases, please report it to us immediately. The child may not return to camp without a doctor's note stating that the child presents no risk to himself/herself or others

Respiratory illnesses	Scabies	Impetigo	
Chicken Pox	Hepatitis A	Tuberculosis*	Contract illnesses
German Measles*	Salmonella*	Meningococcus	Gastro-intestinal illnesses
Homophiles Influenza*	Shigella*	Mumps	Giardia Lambliia*
Measles*	Whooping Cough	Strep Throat	
Lice (must remove all eggs/nits before returning to Camp Fun Spot with note from physician)			

**Reportable diseases:** If your child is exposed to any communicable diseases at school or within our program, you will be notified in writing.

**EMERGENCY PREPAREDNESS PLAN**

**EVACUATION PROCESS**

In situations that call for a full evacuation for the center, the acting Administrator will make contact with each employee and inform them of the type of emergency. In instances where the fire alarm begins to sound, all staff are to begin the evacuation process immediately. At this time all employees are to immediately report to their designated area or classroom and begin evacuating the children. Once in the designated meeting area the Administrator will relay any pertinent information directly to the staff. If the fire alarm sounds and evacuation is not necessary, such as in instances of system checks, the Administrator will make contact with all staff prior to the scheduled test.

However, if an employee notices any emergency situation that requires an evacuation that individual is responsible for pulling the fire alarm to initiate the evacuation.

Each room will have a posted copy of that room's evacuation route blueprint. In cases requiring evacuations staff should follow the route outlined on their room's blueprint unless directed otherwise or if circumstances inhibit evacuating via that route.

The center will evacuate as follows:

**Toddlers:** All teachers in the room are responsible for gathering their children and leading them out of the room. Each classroom should exit the building using the back hallway exit. If the situation inhibits the classrooms from using this exit, teachers should utilize the door located in their room and proceed to the gate. Prior to evacuating the room all teachers should ensure that the key for the gate has been taken with the group. Each

classroom will have keys to unlock the playground gates for emergency purposes only. Teachers should ensure they take their Tablets with them in order to account for all the children signed into their classroom. Once outside of the building the teacher will verify that each child is present and accounted for.

**Ages 3 and Up:** The teacher or teachers in these rooms are responsible for their own children. When evacuations are initiated, the teachers must gather all of their children and exit the building using the front entrance. The three-year-old room located in the rear of the building should exit using the back hallway exit and proceed to the furthest corner of the playground and through the gate. In cases where evacuating from the front entrance is inhibited, classes will exit through the doors located inside their classrooms and proceed to the gate. Prior to evacuating the room all teachers should ensure that the key for the gate has been taken with the group. Each classroom will have keys to unlock the playground gates for emergency purposes only. Teachers should ensure they take their Tablets with them in order to account for all the children signed into their classroom. Once outside of the building the teacher will verify that each child is present and accounted for.

**Staff:** All other staff present should immediately go to the or toddler rooms to assist the teachers in evacuating the children.

**Administrator:** Once an evacuation has commenced the administrator will immediately contact all staff and inform them of the type of emergency. However, if the fire alarms should go off, all staff should proceed according to the evacuation plan. The administrator is responsible for taking a phone, the office Tablet so they have all the children's contact information and information on which children are signed into the building, first aid kit, and the key to the playground. Once at the designated meeting point each teacher must check their head count against their Tablet sign in information to ensure all children are accounted for. The administrator will then check each classes sign in information from the office tablet and compare it to headcount outside.

In emergencies involving a fire in the building the administrator will be responsible for notifying 911 of the emergency once the building has been completely evacuated. In other emergencies not involving the presence of a fire, the administrator will notify the appropriate emergency response agencies of the emergency as soon as the building has been completely evacuated.

If called for, the administrator will utilize the information contained in the Tablet to contact each child's parent/guardian regarding the emergency if pick up is necessary, detailing the pick-up location.

Each teacher is responsible for checking bathrooms, closets, and other areas where children may be hiding. It is also their responsibility to know their classes head count at all times to ensure all children are accounted for in the event of an emergency.

Under no circumstances are staff to stop for any of their own or children's personal belongings, including jackets, shoes, purses, etc.

## DESIGNATED MEETING AREAS

**Rear Door:** When exiting from the rear door, all classes should report to the furthest corner of the playground gate and utilize their keys to exit the playground. At this time all classes will immediately report to the front of the building in the vicinity of the center's recycling bins.  
**Classroom Doors:** When exiting from the rear door, all classes should report to the furthest corner of the playground and utilize their keys to exit the playground. At this time all classes will immediately report to the front of the building in the vicinity of the center's recycling bins.  
**Front Door:** When exiting from the front entrance, all classes will immediately report to the front of the building in the vicinity of the center's recycling bins.

NOTE: For drill purposes, the gates will not need to be unlocked. For fire drills all staff should evacuation through their assigned exit and report to the gate in which they would use to exit the playground in cases of an actual evacuation. During drills, please do not unlock the gate. You will only need to go as far as the gate and remain inside the playground until you are directed to return inside.

## FIRE DRILLS

Fire drills will be conducted monthly at various times of the day. Staff will be notified that a drill will occur at some point during the week. However, an exact date or time will not be specified.

At the time of the fire drill, the Administrator will sound the drill alarm and the center will be evacuated according to the above evacuation process. The administrator will be responsible for timing the fire drill, in terms of how long it took to vacate the building. The completed fire drill will be documented on a log, specifying the date, time, and length of the drill once all children and staff have reentered the building.

Once all children and staff have reached the designated meeting area, teachers must ensure all off their children are present and accounted for.

After all children and staff are accounted for, the Administrator will give the approval to reenter the building. At this point all staff will aid the children in returning to the building and back to their respective classrooms.

All Teachers are responsible for familiarizing the children in their classrooms about the fire drill. Teachers must talk to the children in their classroom about the alarm, rules, and procedures for evacuation.

## EVACUATION FROM CENTER PREMISES

In cases where it is no longer safe to remain on the center's premises, the center staff will move as a group, from the designated meeting spot to the hotel located next to the center. The center and the hotel have agreed that in emergency situations where the centers premise is no longer safe, the staff and children may seek refuge inside the hotel until the children are able to be picked up by parents/guardians or it is safe to return to the center or the center's premises.

# Things to bring to camp:



1. A backpack with the following:
2. Camp Fun Spot Water Bottle
3. Sunscreen
4. Towel
5. Bathing Suit
6. Socks and Sneakers
7. On Field Trip Days -  
Bring Bag Lunch, Face Covering,  
and wear Camp Fun Spot T-Shirt

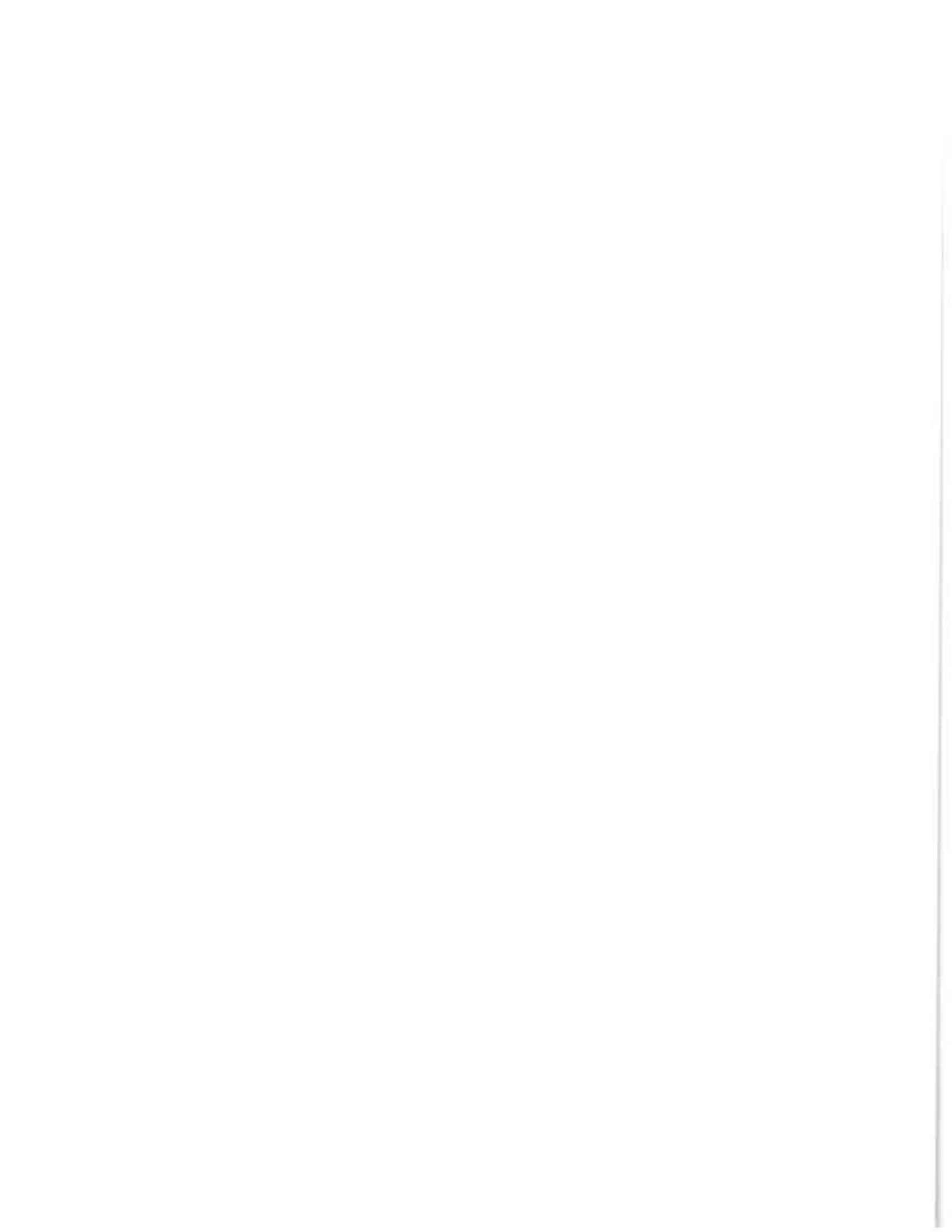
\*\*Though not required, we also strongly recommend packing a swim shirt (rash guard) for your child M-F. This is for both Water Play at CFS **and** Water Related Field Trips for extra sunlight protection.

Please leave all toys, electronic gaming devices, iPads, iPods and cell phones at home. These items cause distractions at camp. Electronics are allowed on long Field Trips and parents will be notified when they can be brought.

If campers bring any of these items to camp they will be asked to keep them in their backpack. If the item is taken out of their backpack again, it will be confiscated until pick-up time.

**Please label all of your child's possessions with their full name!**





Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in care. By completing and returning the attached income eligibility form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The form needs to be completed every year. The information is used only for CACFP purposes.

**INCOME ELIGIBILITY GUIDELINES  
(Effective July 1, 2019 until June 30, 2020)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
FOR EACH ADDITIONAL FAMILY MEMBER	+8,177	+682	+158

\_\_\_\_\_  
SPONSOR/CENTER OFFICIAL

\_\_\_\_\_  
SPONSORING ORGANIZATION

\_\_\_\_\_  
DATE

This institution is an equal opportunity provider.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

### INSTRUCTIONS FOR COMPLETING DOH-3688

#### Definition of Income

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

#### Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

#### INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

#### INSTRUCTIONS FOR CENTERS AND SPONSORS

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

**The CACFP Agreement Number.**

**Total Number of Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Household Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Number of Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free**, **Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2014 is valid until May 31, 2015.

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of Foster Children \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR SPONSOR USE ONLY**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Date of Determination \_\_\_\_\_

Signature of Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

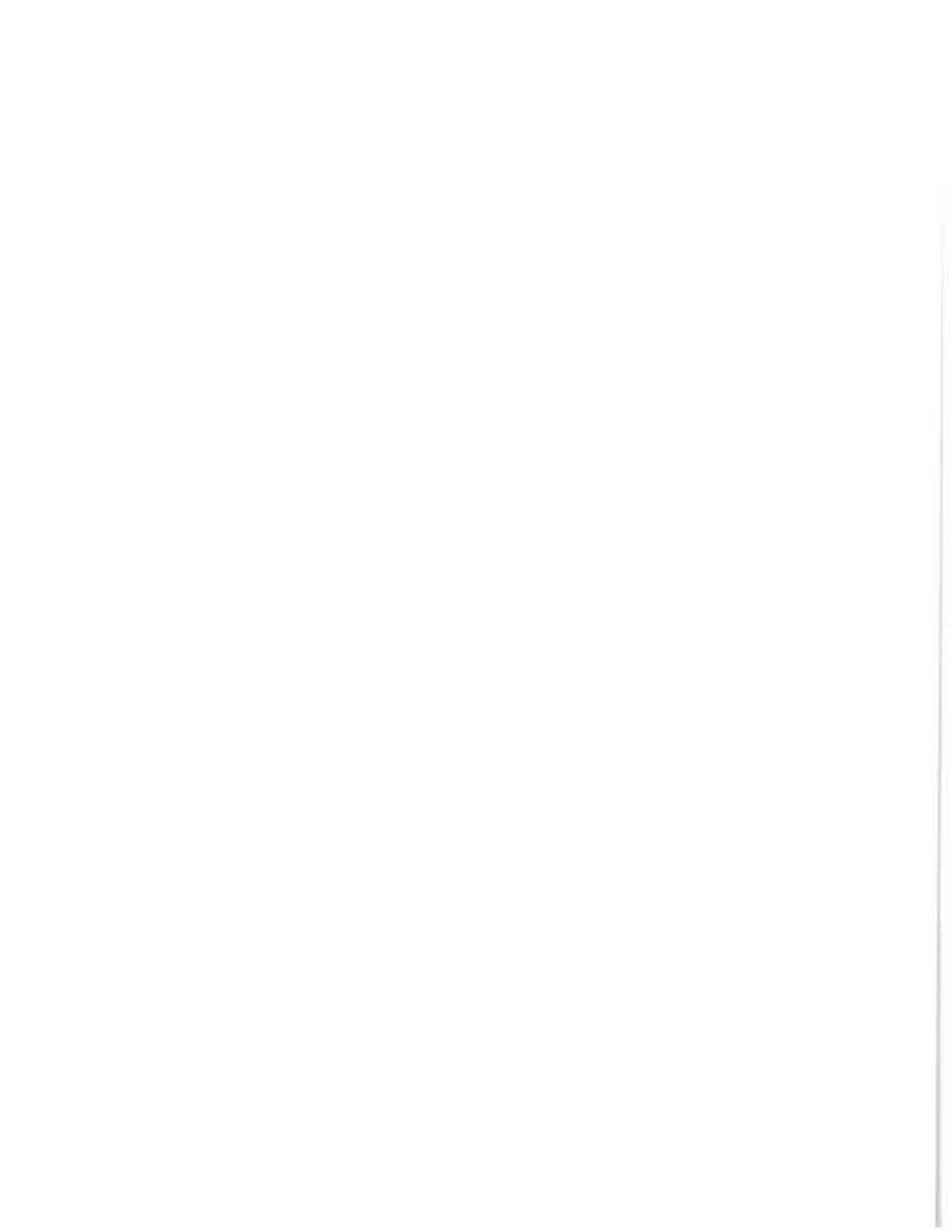
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.





**Automated Payment Processing**  
**Safe - Convenient - Easy**



**After you've read the comments by other parents, we're sure you'll be happy to join the thousands who enjoy the safety, reliability and convenience of paying their tuition using Tuition Express!**



I have been using Tuition Express for almost two years. Never once have I experienced a problem. Tuition Express is the best payment processing service available. Take my advice, put your checkbook down and sign up for Tuition Express today.

~ Sabrina Kanganis, Tampa, FL

Before I began using Tuition Express I was always late with my payment, which jeopardized my place at the center. Now my payments are on time and I get instant email notification when the payment is made. What a relief!

~ Rebecca Sanchez, Reseda, CA

We are on board with anything that makes our lives a little easier. Best of all, we receive our receipts via email so we can get our flex plan reimbursement quicker. Thanks Tuition Express; you rock!

~ Steve & Eileen Gravel, Portland, OR

If I don't have to take my checkbook out to write a check, I'm a happy mother. Tuition Express has made paying my child care provider simple and easy. I receive my receipt by email and enter the payment into my checkbook; done! Thanks Tuition Express.

~ Hadida Goldfarb, Brooklyn, NY

We pay most of our bills electronically, so it was easy for us to convert to Tuition Express. We wouldn't have it any other way.

~ Mr. & Mrs. Domino, Grand Junction, CO

I was a bit paranoid allowing the center to draft my checking account, but after I found out how safe and secure Tuition Express was, I signed right up! And, the Tuition Express website allows me to receive my payment receipts via email, so I know when and how much was drafted.

~ Jeff Limiter, Nashville, TN

I am so glad I don't have to write a check anymore. Tuition Express charges my credit card and, best of all, I receive frequent flyer miles for each payment. Thanks for making my life a little easier Tuition Express.

~ Sharnette Brown, Louisville, KY

We had a few problems with paying bills at our bank's online website, so we were concerned. We signed up for Tuition Express last January and have never had a problem. Could you please teach our bank how automatic payments "should" be done?

~ Jessie & Erika Varis, Atlanta, GA

**Ask your child care provider about it today!**



Convenient and Safe  
On-time Payments



## Frequently Asked Questions by Parents

We are excited to offer automatic payments through Tuition Express. With this service it is no longer necessary for you to write a check for tuition and fees. Payments will be automatically debited from your bank account or charged to your credit card. All payments are secure and you can even choose to have a receipt emailed to you after each transaction. It's easy to sign up—just ask your child care provider.

### **When I pay my tuition automatically, how secure is my account information?**

Very secure—more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account, or worse, steal your identity. Automatic payments greatly reduce this potential by limiting the amount of information available and the number of people who have access to it. Tuition Express also incorporates additional security procedures, utilizing 128-bit encryption.

### **What if the child care provider makes a mistake and takes out too much money?**

Report the error immediately—it was likely an honest mistake. The child care provider will adjust your account accordingly.

### **What if my child care center and I disagree about a payment?**

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

### **Does this form of payment give the child care center access to my account?**

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

### **How will I know when a payment is taken out of my account?**

Payments will be taken out of your account on a schedule that you and the child care provider agree upon. Your provider has the ability to email (or print) statements for your records prior to the withdrawal of any money. Additionally, charges will show up on your monthly statement under "Tuition Express".

### **When I sign up for Tuition Express, how will this help my child care provider?**

Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Third and most importantly, automatic payments reduce the amount of time your child care provider spends on administrative tasks, giving staff more time to spend with the children.

### **How do I get started?**

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

### **Where can I learn more?**

For more information on the benefits of Tuition Express, please visit us at [tuitionexpress.com](http://tuitionexpress.com).



Automated Payment Processing  
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B (Bank Account)**

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample  
Mary Sample  
123 Nice Street  
Anytown, USA

BANK OF THE WEST  
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$ \_\_\_\_\_

**Deposit slips not accepted** \_\_\_\_\_ Dollars

⑆123456789⑆ 1800338⑆ 0226

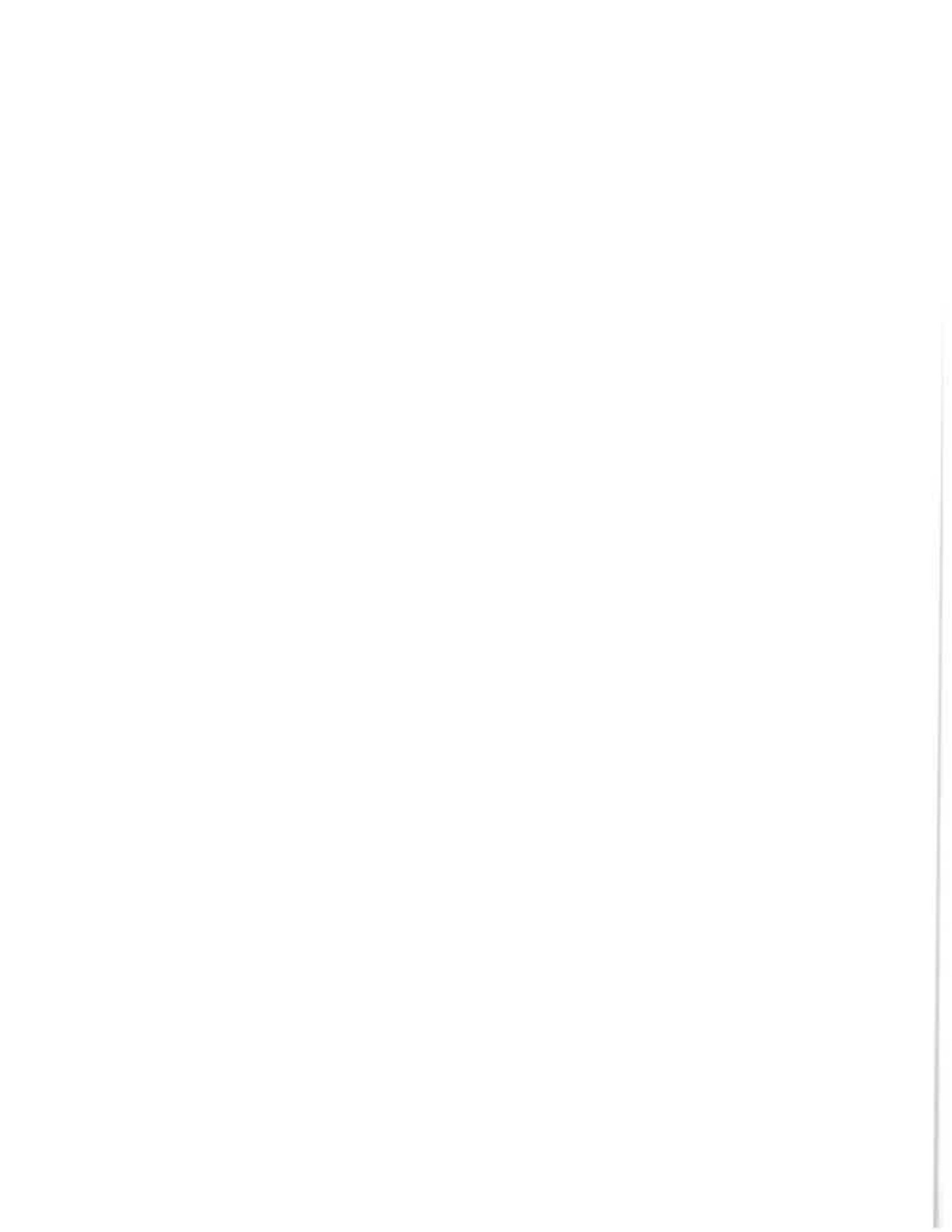
Routing Number      Account Number      Check Number

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# Camp Fun Spot Summer Camp Registration

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Gender: Male Female Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother's Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Mother's Employer \_\_\_\_\_  
Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father's Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Father's Home Phone \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Father's Employer \_\_\_\_\_  
Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Marital Status: Married Separated Divorced Single Widowed  
Child Lives With \_\_\_\_\_ If Divorced, Who Has Legal Custody \_\_\_\_\_  
May the Non-Custodial Parent Pickup Child \_\_\_\_\_

## **Child Pick Up Form**

The following people, other than parents, HAVE permission to pick-up the child named above from Camp Fun Spot. It is the parent's responsibility to notify Camp Fun Spot in writing of any changes.

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
3. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. The following people MAY NOT pick-up my child(ren) from Camp Fun Spot.**

1. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
2. Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

### **Emergency Contact Information (other than parents/guardian):**

#### **Primary Emergency Contact:**

Name \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Second Emergency Contact:**

Name \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Neosporin & Sprays Permission**

I \_\_\_\_\_ give permission for the staff at Camp Fun Spot to apply topical ointments, sun screen, and spray on bug spray to \_\_\_\_\_ when they deem necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Fun Spot Activities Permission**

I \_\_\_\_\_ give permission to \_\_\_\_\_ to participate in any of The Fun Spot activities during Camp Fun Spot (Example: Roller Skating, Playground, Go Karts, Adventure Golf, and Laser Tag.)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Permission:** I give permission for \_\_\_\_\_ to be transported by Camp Fun Spot and contracted providers chosen by them to and from Camp Fun Spot. I also authorize Camp Fun Spot to transport my child at any time Camp Fun Spot chooses for daily excursions without notifying parent or guardian. Walking excursions are also permitted in and around the surrounding property/buildings of Camp Fun Spot and the Town of Queensbury. A child will never be left unattended in any motor vehicle or other form of transportation. Every child will board or leave the vehicle from the curbside of the street. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by Camp Fun Spot. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker. Parents are provided a copy of this plan at enrollment. If the plan changes, the parents will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hands free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

I have been informed of and agree to the above transportation plan for Camp Fun Spot

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography Permission**

The Fun Spot occasionally uses photography/video for publicity purposes. We would like your permission to photograph/video you/your relatives for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of The Fun Spot and will be used for the designated purpose of promoting The Fun Spot. I permit The Fun Spot to use photographs/videos of me/my relatives in The Fun Spot's publications and publicity material.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Release/Consent to Medical Treatment**

In a true emergency, a child may need to be treated without parental consent. I hereby give my permission that in my absence, Camp Fun Spot Staff may act on my behalf regarding the treatment of my child. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately and a delay would result in increased risk to the child's life or health, medical or surgical treatment can be administered to my child as prescribed by a treating physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Fun Spot will not be responsible for paying for the child's health care.**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Hospital / Medical Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Medicine allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any other Allergies: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

**Please describe your child's swimming ability: Check all that apply**

- Can Not Swim, hates the water
- Can Not Swim, but likes the water, head does not go under the water
- Can swim with head above the water, (doggie paddle)
- Can swim in shallow water with face/head under water
- Can swim in water that is over their head
- Needs lifejacket                       Does not need lifejacket

**Weeks Your Child/Children will be attending Camp – A \$25.00 non-refundable deposit is required for each week checked:**

- |                                  |                          |                                      |                          |
|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| <b>Week 1</b> June 29 to July 2  | <input type="checkbox"/> | <b>Week 6</b> August 3 to August 7   | <input type="checkbox"/> |
| <b>Week 2</b> July 6 to July 10  | <input type="checkbox"/> | <b>Week 7</b> August 10 to August 14 | <input type="checkbox"/> |
| <b>Week 3</b> July 13 to July 17 | <input type="checkbox"/> | <b>Week 8</b> August 17 to August 21 | <input type="checkbox"/> |
| <b>Week 4</b> July 20 to July 24 | <input type="checkbox"/> | <b>Week 9</b> August 24 to August 28 | <input type="checkbox"/> |
| <b>Week 5</b> July 27 to July 31 | <input type="checkbox"/> | <b>Week 10</b> August 31 to Sept 4   | <input type="checkbox"/> |

**CAMP FUN SPOT CANNOT ACCEPT THIS REGISTRATION FORM AND WE CANNOT RESERVE A SPOT FOR YOUR CHILD IN OUR PROGRAM UNTIL:**

1. This registration form is completely filled out and accepted by Camp Fun Spot.
2. Your Child's Immunization Records and a copy of their last Physical must be submitted with this registration form.
3. A NYS Blue Card will be provided to you. It must be filled out and signed in person at The Fun Spot.
4. The non-refundable \$15.00 registration fee and \$25.00 deposit for each week reserved.  
**Registration fee is waived if you sign up for Tuition Express Automatic Payments!**

I understand this is a legally binding document. I have read and understand all Camp Fun Spot policies and procedures.

**Signatures:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Requirement Check Sheet - Staff Use Only**

All personal information will be kept confidential, unless required to be given to the appropriate staff to meet your child's individual needs.

**STAFF NOTE: Please Initial as Received**

- |  |   |
|--|---|
| <input type="checkbox"/> Summer Camp Registration                                      | <input type="checkbox"/> Weeks to Attend Camp   |
| <input type="checkbox"/> Child's Pick Up Form  | <input type="checkbox"/> Signed Handbook Acknowledgment Form - form must be signed by parent or legal Guardian. |
| <input type="checkbox"/> Emergency Contact Information (a minimum of 1 contact person) | <input type="checkbox"/> NYS Blue Card filled out and returned  |
| <input type="checkbox"/> Neosporin & Sprays Permission                                 | <input type="checkbox"/> Income Eligibility Form (CACFP)  |
| <input type="checkbox"/> Fun Spot Activities Permission                                | <input type="checkbox"/> Immunization Form from Doctor  |
| <input type="checkbox"/> Transportation Permission                                     | <input type="checkbox"/> Copy of Child's Last Physical  |
| <input type="checkbox"/> Photography Permission  | <input type="checkbox"/> Payment – Each child's registration fee of \$15.00 must be received.                   |
| <input type="checkbox"/> Emergency Release/Consent to Medical Treatment                | <input type="checkbox"/> Payment – \$25.00 deposit for each week reserved must be received.                     |
| <input type="checkbox"/> Child's Medical Information                                   |   |
| <input type="checkbox"/> Swimming Abilities  |   |

